

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX.

THURSDAY, MAY 26, 1859.

No. 17.

AMPUTATION AT THE HIP-JOINT FOR A LARGE OSTEO-SARCO-MATOUS TUMOR OF THE FEMUR.

[Communicated to the Boston Society for Medical Improvement, and the Boston Med. and Surg. Journal.]

BY J. MASON WARREN, M.D.

MARCH, 1859.—J. Lougee, 16 years of age, of very light complexion, and reddish hair, was born in Lowden, Me., of healthy parents, and, so far as he knows, with no scrofula in the family. His employment for the past year has been that of shoemaking. About seven months since, at the upper and front part of the thigh a deep-seated tumor began to make its appearance, immovable, and slightly painful. It increased slowly in every direction, until he was brought to the Hospital in the last week of March, by his brother, who is a medical man. At this period, the left femur, which was the seat of the disease, was slightly flexed on the pelvis, and the upper half of it was occupied by a large, firm tumor, making a very distinct projection in front, but more indefinite behind, where it mounted up, and was lost in the nates. The front part of it was somewhat nodulated, and was in immediate contact with, and partially pressed up, Poupart's ligament. The skin was everywhere movable on the surface of the tumor, except on the outer side, where a slight redness existed, caused by the application of a blister. There was a moderate degree of mobility of the joint, sufficient to show that the articulation had not been invaded by the disease. The patient could use the limb a little, and was able to walk out with support, though very lame. The glands in the groin were healthy, as well as those of the abdomen, so far as could be distinguished; in short, the glandular system generally was intact. The appetite was poor. He had no fever. The pain in the tumor required the use of an opiate at night. The circumference of the limb over the tumor was twenty-two inches; the measurement of the corresponding part of the opposite thigh, fifteen inches.

Having made an examination of his case, I at once told the brother of the patient, who from his profession was able to ap-

preciate its importance, that all applications were useless, and the only remedy left was amputation at the hip-joint. The case being a very important one, on the following day I called a consultation of the Surgeons of the Hospital, which resulted in the following conclusions. That the disease was probably an osteo-sarcomatous affection of the femur, which, if left to itself, would very shortly terminate the patient's life in a most painful manner, and the only thing to be thought of was the removal of the femur at its articulation with the hip-bone. On the other hand, from the size and situation of the tumor, the operation was an exceedingly hazardous one, more so than in the ordinary cases of its performance; that there was a possibility of his dying during the operation, or within the subsequent ten days; and even if he recovered from the immediate shock, that there might be a re-appearance of the disease; that these conditions being properly placed before the patient and his friends, if they concluded to take the risk, the operation ought to be done. This question having been fully weighed by the patient and his brother, they decided to have the limb removed, rather than run the risk of submitting to the lingering course of the disease.

The operation was performed in the following manner, on Monday, March 28th, the fifth day after his entrance into the Hospital. The ordinary method by transfixion being impracticable, and in view of the possibility of a dissection of the tumor from its attachments, a large flap of skin was raised from its front part; the incision commencing at the root of the scrotum, and terminating just above, and in front of the great trochanter. The flap was now dissected up quite to Poupart's ligament, the fascia over the artery opened, the vessel exposed, a ligature passed around it and tied. An incision was now made on the back part of the thigh, corresponding with that in front, and the flap partially raised. With a short, strong knife the muscles running from the pubis to the inside of the tumor were cut through, and those on the outside treated in a similar manner. These incisions loosened the thigh, which had before been confined, and allowed it to be depressed and rotated outward. It was necessary to do this to a great extent, on account of a lobe of the tumor projecting over and obscuring the articulation. The knife was next applied to the capsule, which was divided, the round ligament snapping off at the same time from the powerful force applied to it. The bone was then disarticulated, the great muscles of the thigh cut through behind, and the limb removed. A very large sponge was thrust into the wound, to prevent bleeding, while the smaller vessels in the flap and trunk were secured. By the skilful compression of the aorta by Dr. Gay, the immediate seizure and compression of the flaps by Dr. Cabot, together with previous ligature of the femoral, scarcely any blood was lost. The vessels in the flaps were successively tied as they were uncovered by the removal of

the sponge; it was also found necessary to secure the great femoral vein.

The lips of the wound were brought together by a number of sutures, a compress was applied, and a very large sponge, to make gentle compression, and fill up the deep cavity in the side of the pelvis; over this a towel, and the whole firmly secured by a bandage. The operation was necessarily protracted much beyond the usual time of an ordinary disarticulation, yet after its termination, and just before the removal of the patient from the table, his pulse was as good as before the operation was commenced.

A section made through the tumor and the femur, which was sawn longitudinally through its middle, presented the following appearances. The tumor was beautifully variegated, and presented the ordinary aspect of osteo-sarcoma. It had its origin between the periosteum and the bone, and extended from the middle of the femur quite to its neck. The periosteum covering the greater trochanter had been peeled up, and the sac of it filled with that yellow oleaginous fluid which is so frequently seen in tumors connected with the bone. The parietes of the bone were somewhat thickened in the centre, thinned toward either extremity, and the medullary cavity was not entirely obliterated. The substance of the tumor itself was quite firm, having the ordinary appearances of carcinoma interspersed with spiculae of bone. A microscopic examination of it was made by Dr. Ellis, and verified the diagnosis. The head and neck of the bone seemed to have completely escaped invasion. The muscles covering the tumor were partially adherent to it, but none of them so completely incorporated with it as at first had been feared. The tumor seemed to have been entirely enucleated, and, so far as could be ascertained, not the slightest trace of it was left behind.

In the afternoon of the day of the operation the patient seemed to be in a good condition, and complained only of the tightness of the bandage around his body. This was loosened by cutting it away partially, and completely removed on the following morning. He passed a pretty good night, under the effect of a drachm of the solution of the sulphate of morphia, complaining principally of an excessive thirst, which no amount of drink seemed to satisfy, and which was apparently caused by the operation, but I attributed it partly to the ether. On March 30th, the thirst was somewhat alleviated, but he was still without appetite, and complained of a little soreness in the groin; pressure gave pain in the lower part of the abdomen. The pulse was 100.

The following day he took an enema, which emptied his bowels, and seemed to improve his appetite, so that he chewed a little beef; also took brandy and water, and milk punch, to which he was much averse, never having taken spirit in his life.

On Saturday, April 2d, the wound began to be rather offensive, and at the suggestion of the venerable and distinguished Profes-

sor Mussey, who was present, the dressings were removed, and a yeast poultice applied; the pulse was rather over 100; the appetite was still doubtful. On Monday, the 4th, his pulse was 120, there was profuse sweating while sleeping; he began to take his food more regularly, and his pulse to have considerable firmness. He was allowed bread, tea and baked apple for breakfast; bread, meat, and baked apple, of which he was very fond, vegetables, with brandy and water, for dinner; for supper, the same as at breakfast; and at bedtime, to drink through the night, from half a pint to a pint of milk punch. On the 8th of April he is reported as doing well, "he makes no complaint, the pulse is about 100, and he may be said to be in a convalescent condition; the bowels are emptied every other day by enemata, and he has taken no purgative medicine since the day of the operation."

The patient went on improving till the third week after the operation. The wound healed well, leaving an aperture at either end for the escape of ligatures. About the twenty-fourth day, on waking in the morning, he felt a pressure at the inner part of the stump, and shortly after a stream of blood slowly trickled down. Dr. Dyer, the resident surgical pupil of the Hospital, was immediately summoned, and by means of a sponge applied over the apertures from which the ligatures issued, and a strong compressing bandage, succeeded in arresting the bleeding. The bleeding recurred again in about two hours, and was arrested in the same way. When I saw the patient, about 9, A.M., he was rather pale, his pulse rapid, and his system had evidently received a severe shock. He was not much alarmed, but on this and the following day made great complaint of excessive thirst, as he did after the operation, showing that it was the loss of blood, and not the ether, which caused this symptom. From the free escape of blood at the time, and its arterial color, it was thought probable to have escaped from the great vessel, in consequence of the ligature having partially detached itself; and for this reason it was deemed prudent not to interfere with the wound for the next two or three days. No new bleeding having occurred, I then had all the dressings removed. The two ligatures at the outer part of the stump were seized by the fingers, and withdrawn with very slight force. The four ligatures at the internal part of the stump were then separated, and dragged upon singly, and all of them were removed without difficulty. The two large ones, which had belonged to the artery and vein, had probably been for some time detached, and lay coiled up in the wound, causing irritation and suppuration, and probably the hemorrhage which had given the alarm.

From that time the wound rapidly healed. The patient left his bed in about a week, and in ten days was able to go out of doors. He has now, May 10th, returned home in the full enjoyment of health.

REMARKS.—This case is worthy of notice from having been the

first of amputation at the hip-joint that has succeeded in Boston. The following statistics, from Mr. Erichsen, in his valuable work on Surgery, may be interesting, as showing its mortality, and are partly taken from data furnished by Dr. Smith, of New York: Of 126 cases, 76 died; of 47 cases in which it was done for injuries, 35 died; of 10 cases operated on in the Crimea, all died.

The flaps in this case being principally composed of skin, made the wound much less appalling, and more manageable than where large muscular flaps are left, as in the ordinary operation. This may be considered worthy of imitation, even when not required by necessity, as in the present case. The previous tying of the artery, together with the compression of the aorta, allowed the operation to be performed in a perfectly comfortable manner, without the slightest hurry, and with almost a dry wound, if the expression may be used.

It may not be inappropriate to append to the history of this case, an operation of similar character performed at the Hospital last year, and printed in this JOURNAL among the Records of the Boston Society for Medical Improvement.

"Amputation at the Hip-Joint."—Dr. Warren mentioned the case as an interesting one, from the fact of its being the first ever done at the Hospital, and, so far as he knew, in Boston. The patient was a child, 6 years old, and was first seen by him on the 19th of June, at three o'clock, having been injured about two hours before. He was sitting on the curb stone of the sidewalk, when a truck wheeled round against him, crushing his limb against the stones. His injury at first was not detected; being lifted up by some passer-by, and placed upon his feet, not being able to support himself, he fell, and received, in addition to his other injuries, a violent blow upon the forehead. When brought to the Hospital his state was as follows. He was quite faint, countenance livid, pulse small. The integuments of the thigh, near the hip, were nearly cut through by a semicircular wound, and on the outside a deep wound in the muscles communicated with the bone, which was fractured obliquely, and denuded nearly up to the joint. As the blood was flowing from this extensive wound, the case admitted of no delay, and amputation was at once proceeded to. The boy was first stimulated with as much spirit as he would bear, and ether was administered, which quickly brought up the circulation. The limb was now separated at the fractured part, Dr. Shaw compressing the artery. Dissection was next made at the side of the bone, which was disarticulated with difficulty, both from the anatomical relation of the parts, these being obscured by ragged muscles, and, more especially, from the remaining portion of the femur being too short to be easily controlled in effecting the disarticulation. The capsule was, however, opened, and the bone dissected out with but little delay. The boy at this moment became deadly faint, and was only restored by using frictions of brandy and ammonia, the latter being applied also to the nostrils. He was likewise suspended by the remaining leg, so as to throw the blood to the brain, and under this treatment soon revived, although at one moment he seemed to be dead. The vessels were

now tied, and the wound temporarily dressed. Just as this was finished, he a second time came in peril of his life. As is often the case with patients recovering from ether, he seemed disposed to vomit, and in fact a basin was held, and he threw up a large quantity of liquid substance. Immediately after this, he fell back as if exhausted, a cold sweat came over him, and the respiration and pulse ceased. The frictions, and other means for restoring suspended animation, were at once again resorted to, and Dr. W. proceeded to pass the finger into the mouth for the purpose of raising the epiglottis and making a passage for the air into the windpipe, when it encountered a mass of solid potato-like substance, with which, on further investigation, the whole mouth and fauces were found completely blocked, so as entirely to exclude the air, and almost suffocate the patient. The teeth had allowed the liquid contents of the stomach to pass between them, but had acted as a strainer to retain the solid matters in the mouth. The mouth being now cleared, and artificial respiration set up, the child gradually commenced to breathe, and in the course of half an hour was in a safe state. At nine, P.M., the limb was dressed, and he was taken to his bed in the ward of the Hospital. The patient lived thirteen days, and received during this time the most unremitting care from the nurse in charge of him, and from Mr. Dyer, the House-surgeon of the Hospital. The stump during this time became quite sloughy, and one or two abscesses formed in the groin. The whole wound, however, finally assumed a healthy appearance, and when there seemed to be every prospect of his having gone safely through the most dangerous part of the trial, he suddenly fell off, and died, nearly a fortnight after the reception of the injury."

A FEW WORDS ABOUT "TONICS"—THEIR USE IN FEVERS, &c.

[Communicated for the Boston Medical and Surgical Journal.]

WHAT is a tonic? and what are the indications that call for its use? These questions have been suggested by what seems to be a too constant and indiscriminate use of those drugs, quinine in particular, that are classed under the head of tonics, in all such cases as are characterized by debility or want of vital energy, both in acute and chronic diseases. And here let me further ask, can any article of medicine be considered a tonic in any other than a relative sense? We think not. But before discussing the propositions before us, we must have a definition for the word "tonic." Dunglison says (and probably no better words could be used in this connection), "Tonic, in therapeutics, means a medicine which has the power of exciting slowly, and by insensible degrees, the organic actions of the different systems of the animal economy, and of augmenting their strength *in a durable manner*."

What, now, is the experience of every observing physician in the use of medicine? Does he invariably find his "tonics" producing the effects set forth above? Far from it. But is he always disappointed in their use? Nay. If it were so, the word tonic

would die out of use with physicians. What, then, is the reason that in this case of lowered vitality tonics succeed, while in that one they only aggravate the trouble? In order to answer this question, we must first inquire in what manner a tonic acts? Without pretending to give a specific and complete answer to this inquiry, it may safely be said that a medicine to act as a tonic must meet, directly or indirectly, some want of the nervous system. To illustrate, let us take a case of intermittent fever, and, also, a case of typhoid fever well advanced. In the case of the intermittent, we administer ten grains of quinine (under proper regulations) and repeat the same, increasing or diminishing according to the particular case, and very soon it is quite apparent that our "tonic" has done the work. And here I would say that quinine is used as a representative of tonics, a multitude of other drugs answering the same purpose; even mental effort or emotion many times being just as effectual for the cure of a chronic and well-established intermittent, as the quinine. But how is it with the case of typhoid fever? A few full doses of quinine *may* do good service in a few instances, but in my opinion it is more likely to be as follows. The first few doses seem to act as a "tonic;" that is, the pulse becomes stronger without being more frequent, the heat is not increased, and we are apt to say the patient appears better. Continue the treatment. Next day, or next following, things begin to change, *not* for the better. Instead of a full, steady pulse, and moist skin, we find signs of irritation. The nervous system is evidently becoming more exhausted, instead of being built up. Our "tonic" has become an *irritant*, rather than a "tonic," and yet a large class of physicians will insist that "tonics" are indicated more than ever. When I see a patient laboring under typhoid fever, with frequent, wiry pulse, and hot, dry skin, and learn that he is taking quinine, I come to the conclusion that the doctor is doing him harm; and yet this is no uncommon thing, in this section of the country at least.

But can tonics never be used to advantage in typhoid fever? I do not say so. They may be, and often are, required. Not only quinine, but steel, and various other things of this class. How, then, shall we know when to use this or that particular tonic? "Ay! there's the rub." I do not believe we have enough science, yet, in medicine, to tell all this. And here comes the test of practice. There are many ways by which we may reach probabilities, where certainties are unattainable. Close observation at the bedside, with a fair capacity at estimating the influence of temperament and accidental forces, is all that can be claimed, with any degree of assurance, by any practitioner, as a guide to the selection of particular remedies. But, as it was no part of my purpose to point out rules for the use of tonics, or any other class of remedies, but simply to raise a question or two for the consideration of others, I will leave the subject, hoping to hear from some

one else an answer to the questions proposed at the commencement of this article.

P. K. G.

Plainfield, Ill., May 12, 1859.

ON THE OTORRHœA OF YOUNG CHILDREN.

[Translated for the Boston Med. and Surg. Journal, from the *Journal für Kinderkrankheiten*.]

OTORRHœA, or a discharge or running from the ear, consists in very many cases of merely a chronic inflammation of the external passage of the ear, which has given rise to an increased secretion. The inflammation is usually confined to the external portion of the meatus, but sometimes extends to the surface of the membrane of the tympanum. The disease is most frequently observed in children, although it is not rare in adults. In the former, it is generally accompanied by a tendency to glandular engorgements, with symptoms of general debility; in adults, it is also the sign of a depressed condition of health. The exciting cause may be a blow upon the ear, the employment of irritating local applications to the ear, or any acute inflammation of the lining membrane of the meatus; but the most frequent causes are scarlet fever, measles, or catarrhs. Often no cause can be discovered; the children complain of a slight irritation in the ear, which they seek to allay by introducing the finger, or a little stick, and the irritation disappears when the discharge begins. Sometimes, however, the discharge is the first symptom of the disease. In the early stages, the hearing is only slightly diminished by the disease, even when the inflammation and swelling extend to the external surface of the membrane of the tympanum; but when the disease has existed for any length of time, the membrane itself participates in it, and dulness of hearing, or deafness, ensues. Moreover, it must be borne in mind that catarrh of the meatus and external surface of the tympanum is often but a symptom of irritation *within the tympanum*, and ceases as soon as this irritation is removed. After the disease has existed some time, there is often considerable irritation of the meatus, amounting at times to acute pain, with occasionally slight hemorrhage. Hæmorrhage is more frequent, however, when there is a polypus in the meatus.

On examination of the meatus, its lining membrane is found to be thicker than usual, and sometimes so much so as to close the passage entirely. In many cases the membrane is red and destitute of epithelium; on the other hand, it is frequently white, and covered with a thick epithelial layer. The secretion is generally very foetid, of various colors, sometimes of a milk-white, at others of a dark slate color, and whatever its quantity, color or consistency, it never contains flocculi, but when mixed with water, renders it cloudy.

It need hardly be said that polypus sometimes exists along with

chronic catarrh of the meatus. In such cases there is bleeding from the ear, and flocculi are found in the secretion. The latter are also found when there is ulceration of the fibrous tissue of the membrana tympani, in which case blood is often mixed with the secretion. If the catarrhal inflammation extends to the mucous membrane of the membrana, the latter becomes, like the meatus, thickened, and often very much congested. The membrane then loses its natural color and form; if we are able to employ a speculum, the outer surface is seen to be flatter than usual, and, in consequence of its thickening, neither the long nor the short process of the stapes is visible.

In the *treatment* of catarrhal otorrhœa, it is of the first importance to remove the secretion, and keep the meatus clean. This is best done by frequent syringing with lukewarm water. If there be so much pain or tenderness that the syringe cannot be used, one or two leeches must be applied to the outer edge of the meatus, followed by warm fomentations or poultices, or the vapor of warm water may be directed upon the ear. After all tenderness is removed, and the meatus cleansed from the secretion, weak astringent solutions should be injected, and moderate counter-irritation applied to the mastoid process. These simple means, in connection with remedies for improving the general health, especially tonics, suffice, in very many cases, for curing the discharge. In very obstinate cases, the counter-irritation to the mastoid process must be maintained, so as to keep up an artificial discharge, which is best done by means of croton oil; and a strong solution of nitrate of silver (ten to forty grains to the ounce) should be thrown into the meatus every third day, by means of a glass syringe.

There are cases, however, which resist this treatment, the discharge continuing unchanged for two or three months. The treatment should then be steadily persevered in, as it may at least prevent ulceration of the membrane of the tympanum, caries of the bones, and the development of polypi.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 11th.—*Malignant Disease of the Upper Maxillary Bone.* Dr. J. MASON WARREN reported this and the three following cases.

"In February, 1857, I was called to see a lady, about 65 years of age, affected with a malignant tumor of the upper maxillary bone. Her account of the origin of it was this. About a year previous, as she was attempting with a hammer to draw out a nail from the wall, the hammer slipped, and she received a blow from the handle of it on her face, just under the left infra-orbital foramen. A great deal of inflammation followed the blow, with pain and constitutional symptoms,

which continued five or six weeks. The inflammation having subsided she felt a constant degree of tension in her face. The alveolar processes seemed gradually to expand, the gums assumed a fungous appearance, and the teeth on that side either dropped out, or were extracted by the fingers. At this time an elastic tumor showed itself in the mouth, which finally burst, and when I first saw her a gangrenous mass projected from the opening. The patient had a very quick pulse, her appetite was extremely small, if not entirely lost, and she seemed to her friends in a rapidly failing state. I immediately proceeded to clear away the slough from the mouth, which was fortunately effected without any haemorrhage, and gave her a wash, with the object of destroying the putrid emanations from the wound. Quinine and wine were administered, and very soon her appetite was sufficiently restored to take nourishing food.

"In the course of about three weeks her health was so much improved that it was thought expedient to bring into question what surgical procedure, if any, could be adopted for the removal of the tumor. The pain still continued at times to be excessive, extending over the face, and was of what is called a neuralgic character.

"Having requested Drs. Townsend and Cabot to see the patient in consultation, we agreed that the tumor was of a malignant nature; but as it was still limited to one of the maxillary bones, and had not yet implicated the surrounding parts, while the pain was so severe as to require some active surgical interference, we decided, notwithstanding the danger of a recurrence, that it was proper to advise an operation. The patient was disposed at first to accede to our advice, having the nature of the case fairly laid before her, but after a day's consideration and conversation with her friends she said, that if I thought there was the slightest danger of a recurrence she was unwilling to submit to it.

"The subsequent history of the case is as follows. The tumor gradually crept along the floor of the mouth, invading the opposite maxillary bone. Projecting into the mouth it opened at numerous points, obstructed the passage to the fauces, and almost poisoned the patient with foul secretions. The pain, during all this time, in the superior maxillary nerve, was excessive, requiring most powerful internal and external medicines. It may perhaps be well to mention the following occurrence as instructive.

"During one of her violent accesses of pain, she requested an attendant to give her a teaspoonful of medicine from a phial supposed to contain a solution of morphine. By mistake, a teaspoonful of a strong solution of aconite, only used for external application, was administered; and the attendant, not being satisfied with its effects, very shortly administered a second dose. The aconite very soon began to show its specific effects, and the mistake was discovered. Dr. J. F. W. Lane, who had formerly attended the family, and who lived in the vicinity, was called. Dr. Lane at once administered a very stimulating emetic, and, following this by other very active measures, after a number of hours was able to leave her in a safe condition. The effects of the aconite on the brain showed themselves for a week or ten days afterward.

"This patient died in a very suffering state about six months after I first saw her, the end being finally accelerated by repeated haemorrhages from the sloughing mass."

Removal of the Upper Maxillary Bone.—“In the summer of 1857, I was requested by Dr. Reynolds to visit with him, in consultation, a patient who was suffering from an affection of the left upper jaw-bone. Some months previously, the trouble had commenced by an irritation in the neighborhood of the left lachrymal passage, which produced an obstruction in the passage, and a discharge of tears over the face. This was followed by a distended feeling in the upper maxillary bone, which gradually increased, and finally terminated by the appearance of an aperture in the alveolar process of one of the molar teeth, which discharged a quantity of blood and gave relief to the patient.

“When I first saw her, there was the appearance in the left nostril of a polypoid tumor, and she had suffered from one or two bleedings from this situation. After carefully investigating the previous symptoms, a probe was passed into the opening in the mouth, which penetrated deep into the maxillary sinus, and was followed by a free discharge of blood. The patient being rather low in health, and proposing to make a visit to her friends in Maine, I provided her with instructions, and she agreed to see me again in three or four weeks.

“At the expiration of the time appointed she returned to Boston, and I found that the treatment had produced a decided improvement in her general health. The tumor in the nostril had increased, as well as the distension about the maxillary sinus, and she had suffered from one or two pretty severe hemorrhages. In the course of the following week, a bleeding of so severe a nature took place as to render it necessary to have some active surgical procedure at once adopted.

“Before making up my decision, I passed a finger into the nostril, which disclosed a large opening into the maxillary sinus, from which the tumor in the nose seemed to have projected. The jaw in the neighborhood of the aperture in the mouth had, since the last examination, three weeks before, been more or less forced downward into a rounded elastic tumor. These circumstances being considered, seemed to leave but little doubt that the maxillary sinus was occupied by a tumor, which was gradually forcing itself out from the bony cavity in which it had originated. I advised, therefore, the extirpation of the superior maxillary bone as the only means likely to eradicate the disease, to which she at once consented. Having no accommodations in the hotel where she was staying, for an operation of such importance, she took a private room at the Hospital, where the following operation was performed.

“The patient, sitting in a chair with her head supported, was moderately etherized with sulphuric ether. An incision was made, commencing near the external angle of the eye, and terminating at the angle of the mouth; the cheek was then rapidly dissected up. The bone having now been made clear from the soft parts, the sponge, well charged with ether, was again placed over the face, the flap being held up by an assistant. This served to etherize the patient by a second dose, and at the same time by its rapid evaporation to stop the effusion of blood from the small vessels, so that no blood penetrated the patient’s mouth and fauces. The maxillary bone was now sawn through at the external part of the orbit, and the malar bone divided by the cutting forceps, as well as the nasal process of the maxillary. A large pair of Liston’s forceps, double the size of those in ordinary use, which was made for me under the direction of that distinguished surgeon, was passed into the mouth and nostril, and divid-

ed the bone with as much ease as if cutting a piece of paper. A sharp-pointed knife was now drawn across the palate, opposite the suture of the palatine and maxillary bones, and the mucous membrane covering the palate cut through. The jaw was seized by a strong pair of double-hooked forceps, and the whole mass depressed, the superior maxillary nerve, as it passed along the floor of the orbit, being cut off. The remaining soft parts were next divided by curved scissors, and the operation terminated, the os palati, with the soft palate of the same side, not being interfered with. The whole operation lasted about ten minutes. The hemorrhage was not excessive, and the vessels were easily secured. The edges of the wound were at once approximated by sutures, and a bit of lint moistened with cold water laid over the surface.

"No lint, bits of sponge, or other substances, as recommended by some of the French surgeons for filling up the cavity made by the removal of the jaw, were used in this or the other cases in which I have done this operation. Whenever I have seen them used, they have been the source of much irritation, have been with difficulty removed, and the cause of a most offensive odor from the retention of the foul secretions in the mouth.

"The only fact worthy of mention in the subsequent history of the case, was the occurrence, at the end of about a week, of a hemorrhage from the interior of the wound, which, although it gave rise to some alarm to the patient, was easily arrested by careful plugging with a sponge. She recovered fully and entirely, and now, at the end of nearly two years, I have heard of her in the enjoyment of good health. The eye suffered no injury from the operation.

"The tumor was of a fibrous character, and was completely bounded by its capsule. In its expansion it had at first nearly obliterated the lachrymal passage, next it had produced an absorption of the bone in the vicinity of the nostril, forcing its way through into that cavity, and finally it was making its way downward through the bone into the back part of the mouth.

"The operation was as effectual and satisfactory in its results as any one of this description that I have ever done or witnessed."

Removal of the Upper Maxillary Bone.—"Mrs. G., aged 49 years, applied to me in September, 1857, for a tumor of the left upper jaw-bone. She was a small thin woman, of a delicate constitution, and somewhat sallow complexion. Her health was moderately good with the exception of a tendency to rheumatism, having three times had rheumatic fever. She knew of no disposition to hereditary cancer. She was the mother of several children.

"Three years previously she perceived a fulness of the cheek-bone, and at the same time there was a slight and constant discharge from the nostril of the same side. This discharge continued and the swelling gradually increased until July of the present year, when she suffered so much uneasiness from it, that her physician punctured the antrum after having extracted a tooth. This, at the time, was followed by a small discharge of blood; but three days afterward a copious discharge of pus, as she says, took place, which has continued since in varying quantities. When the discharge is small, there is much fulness and pressure about the antrum, which is relieved by an increase of the flow.

"When I first saw this patient, the whole upper jaw-bone seemed

to be enlarged. The tumor had not made its way out into the mouth, but seemed disposed to do so into the cheek, the integuments of which were somewhat reddened and a little oedematous. I advised the patient to an operation, informing the friends of the probable nature of the disease and likelihood of a recurrence, but at the same time that an operation offered the only chance for her relief; that the disease would soon come to an open ulcer on the face, and she would die a lingering, painful and disgusting death; that the operation, though a very formidable one in appearance, was not actually so dangerous as many of the important operations, which were done to save life, and that the pain could be completely prevented. After this representation she at once consented.

"The operation was performed in almost precisely the same manner as the one just before detailed, the palatine bone and palate being preserved. In depressing the bone after its attachment had been divided, a portion at its posterior part was found adherent, and was left attached to the pterygoid process so as afterward to require removal by the chisel. This circumstance I have once, or twice, seen happen in removal of the superior maxillary bone, the natural adhesion of the part being almost increased to ankylosis by the inflammatory action, which had been going on in its neighborhood. It is of so frequent occurrence, that it might be well in every case, as recommended by Dr. J. C. Warren, to pass a chisel behind the bone, and loosen it by two or three blows of the mallet.

"This patient had a very good recovery, and returned home about three weeks after the operation, in good health and spirits. She continued well for a time, but has, I believe, since had a return of the disease."

Excision of the Upper Jaw.—"April, 1859. Mrs. N. M., a small thin woman, 44 years of age and mother of seven children, with no hereditary taint that she was aware of, had always enjoyed good health till five months ago, when a few weeks before the birth of her last child, which is now four months old, she was seized with a pretty sharp pain in the right upper maxillary bone. This troubled her more or less until the birth of the child, which was natural, and which she was able to nurse up to the time of her application to me for advice. About two months since, her face began to swell, and what was supposed to be a collection of matter took place between the upper lip and the alveolar processes. This was punctured by a physician, but only blood issued at first, though she said there was, a few days after, a discharge of matter. Her face has continued to swell from that time, and now presents the following appearances.

"A tumor seems to have possession of nearly the whole of the upper jaw-bone. On the inside of the mouth, the palate is pressed down by it, and does not reach quite up to the median line. External to the alveolar processes, the teeth having all dropped out, the tumor extends from the root of the canine tooth as far back as the last molar. On the face, the swelling extends quite back to the ear, but the root of the zygomatic process can be felt on very firm pressure, as if part of the swelling might be owing to serous infiltration. The whole of the lower bony margin of the orbit is lost, and its place supplied by an irregular tumor. The pupil of the eye is turned upward, though by closing the other eye, and by an effort, the patient has the power of bringing it into proper position, the sight being somewhat enfeebled.

No tumor is to be perceived in the nostril, though there is occasionally a bloody discharge from it. The skin over the whole of the tumor is movable, but somewhat tense and glossy. The digestive organs are in good order, and the pulse is not materially affected. Excessive pain in the swelling, of a bursting, insupportable character, together with a very rapid increase of the tumor, induced her to come to Boston for advice, though she was obliged to do so at the expense of giving up nursing her infant.

"The tumor appeared to me, without any doubt, of a malignant character, and was so considered by my colleagues at the Hospital. We advised an operation as a method of relief, although, from the very rapid increase of the disease, we could not think it offered much chance of a permanent cure. This being stated to the patient and her husband, she determined to have it done, as she could not longer support the suffering from the disease.

"The incisions were made a little different from those I have hitherto done, on account of the extension of the disease so far backward. The first incision commenced midway between the orbit and auditory passage, and extended in a semicircular form to the angle of the mouth, with a very broad backward sweep, instead of commencing, as in the other cases, just back of the orbital process of the superior maxillary bone. All the incisions in the bone were made with Liston's large forceps, which cut through it with the greatest ease. Some difficulty was found in depressing the tumor, on account of the degeneration of the bone about the orbit, which would not allow a firm hold to be taken with the hooked forceps, so that it was necessary to seize and depress it with the fingers. After the removal of the tumor, it was found that some of the cancer had insinuated itself into the pterygoid fossa; this was scooped out clean with the fingers, and a hot iron applied to the neighborhood. There was not much arterial bleeding, and but one artery required ligature, although in the course of the operation there was a universal venous haemorrhage from the tumor, as is often observed in cases of operation for malignant disease. The patient during the whole time was fully under the influence of ether, and blood was prevented from running down into the trachea by care, position, and constant sponging of the fauces. A number of sutures were introduced, preparatory to closing the wound, which, however, was left open for two hours, exposed to the air, until all danger of bleeding had ceased, when the edges were nicely adjusted, and a compress wet with cold water laid over.

"I saw the patient in the afternoon, found her quite easy, relieved from the pain she had previously suffered, and able to swallow liquids, though with some difficulty. The eye regained its natural position as soon as the principal tumor had been taken from it, and she was altogether much more comfortable than could have been anticipated in a feeble person so soon after so severe an operation.

"No unpleasant symptoms followed the operation, the wound in the cheek healing by the first intention, and she was able to leave the Hospital, to return home, in a fortnight. A small abscess of the cheek required opening the day she left."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 26, 1859.

TREATMENT OF CHRONIC HYDROCEPHALUS BY INJECTIONS OF IODINE.

In an article in the *Chicago Medical Journal* for April, Dr. BRAINARD recommends the injection of solutions of iodine into the lateral ventricles, in the treatment of chronic hydrocephalus, which he asserts to be at least harmless, if subsequent experience should not show it to be of much value as a curative means. Since the modes of treatment hitherto recommended for this disease have been successful in a small proportion of cases only, it seems worth while to try a means which is so available in diseases of a similar character in other parts of the body. Chronic hydrocephalus, says Dr. Brainard, is an encysted dropsey, in which the fluid is confined in a cyst of limited extent, scarcely exceeding that of a hydrocele. It is a disease of the membrane lining the ventricles of the brain, and does not communicate with the cavity of the arachnoid, or with the sub-arachnoid space.

Dr. Brainard cites two cases, treated in this manner. The first was under the care of Dr. Tournesco, surgeon of the Civil Hospital at Koltska, Bucharest. The patient was a child, two months old, and the head measured about twenty inches in circumference. At the first puncture, eleven ounces of serum were drawn. This was replaced by effusion in twenty-four hours. Another puncture was made, the second day, twenty-four ounces of fluid were drawn, and twelve grammes of tincture of iodine, diluted with twenty-four grammes of distilled water, were injected, one eighth part of which was allowed to flow out. It was calculated that about sixteen grains of iodine and three fluid-drachms of alcohol were inserted. The following day he had fever, for which calomel was prescribed. Twenty days after the operation, the head was of the natural size, and the child was in good health; thirty-five days after the operation, it remained in the same satisfactory state.

The second case was treated by Dr. Brainard, in 1849-50. The child was a female, four days old, and, in addition to the hydrocephalus, had spina bifida. The head measured nineteen inches around the frontal and parietal protuberances. The spina bifida was cured by an injection of the sixteenth of a grain of iodine and an eighth of a grain of iodide of potassium dissolved in half a fluid-drachm of distilled water. Twenty-one injections of iodine were made into the ventricles in the course of the treatment, which lasted eight months, when the child died. The amount of iodine introduced at each operation varied from one sixteenth of a grain to twelve grains, in solution, with from two to three times the quantity of iodide of potassium. No alarming effects were perceived after the injection, except in two instances, when convulsions and vomiting followed, about twelve hours afterward, the last time terminating in the death of the patient; but the fatal termination of the case was apparent before the operation was performed, and does not seem to be attributable to the injection. The excretions of the child frequently gave evidence of the presence of iodine.

Notwithstanding the fatal result in this case, it seems probable that the life of the patient was prolonged by the treatment employed, and for a time its health was greatly improved. The case was a very unfavorable one from the beginning, and we may reasonably expect that when the disease is less severe, the iodine injections may be more successful.

REGISTRY OF PRACTITIONERS IN NEW BRUNSWICK.

THE Legislature of the Province of New Brunswick have recently passed a most excellent law, establishing a Medical Council of Education, Health and Registration, for the purpose of regulating the practice of medicine within the province. A register of all licensed practitioners is to be made, and printed annually in the Royal Gazette, and no one whose name is not on the register shall be entitled to recover any charge, in any court of law, for medical or surgical advice or attendance, or for the performance of any surgical operation, nor will any such person be allowed to hold an appointment as physician or surgeon in any hospital or other public establishment.

The qualifications necessary for registry are the possession of a medical degree from a college authorized to grant the same, in Great Britain, Ireland, Canada, France, or the United States; or of a license from the Lieutenant Governor of the province; or the fact of the applicant having been in the continued practice of medicine or surgery in the province since 1852. Provision is also made for erasing the name of any person from the register who may be disqualified by reason of crime, or other cause, provided, always, that the name of no person shall be so struck off *on the ground of his having adopted any theory of medicine or surgery*.

The act conforms in the main with the recent Medical Act of Great Britain. We congratulate our brethren of New Brunswick on the protection which the law affords them, as well as the inhabitants on being saved from the evils of quackery. Shall we ever be so fortunate?

RETURN AND DEPARTURE OF M. GROUX.

This gentleman, having made the complete tour of the United States, and visited nearly all the leading cities in the Union, returned last week to Boston, whence he sailed for England in the steamer of the 18th inst. Here, as in Europe, his case has excited the greatest interest amongst physiologists and medical men. On the evening previous to his departure, M. Groux gave a public *séance*, at which, in addition to his usual illustrations, he demonstrated the phenomena of the heart's action by vivisections, and also repeated the novel and brilliant experiments instituted by our townsman, Dr. J. B. Upham, at the Cambridge Observatory, a few months since—a full account of which has been given in a previous number of this JOURNAL.

It now appears that M. Groux, *on his first visit* to Boston, executed a Will, solemnly devising his body to the medical profession of this country, if, in the appointment of Providence, he should die on the American Continent—a noble proof of the earnestness of this young man in his endeavors to fulfil the mission he has undertaken. Seriously, he has our congratulations for this pilgrimage happily ended, and our prayers for a prosperous voyage and a safe return to his native land.

In respect to the document above referred to—M. Groux's Will—we would say, that having been favored with a hearing thereof, through

the kind attention of Dr. Upham, one of the large number of executors named therein, we would express our great gratification at its contents, and our hope that it may be printed and thus given more widely to the profession in this city and country, in whose interest it is so nobly conceived and executed.

A Question of Ethics.—A discussion took place a few days ago in the New York Academy of Medicine, on the question whether the Academy should pass an opinion on surgical instruments and apparatus which have been patented. Dr. McNULTY contended that it was contrary to the spirit of the Code of Ethics of the National Association for physicians to obtain patents, and consequently that they should not act upon other people's patents. This sentiment met with much opposition, and the general opinion was that surgical appliances should come under a different rule from nostrums, being usually invented, at least in part, by mechanics, who could not do without the patent. A resolution by Dr. McNulty, to the effect that the consideration of no patented article should be entertained by the Academy, was lost, but the vote was afterward reconsidered, and the resolution laid on the table.

Case of Protracted Gestation.—The *Chicago Medical Journal* contains the report of a remarkable case of protracted gestation, by Dr. W. R. STONE, of Manhattan, Ind. The patient was a married woman, whose husband died on the 17th of March, 1858. Her last menstruation was on the 20th of February, and the last sexual intercourse on the 10th of March. Quickeening occurred on the 8th of July, making one hundred and thirty-three days from the last catamenia, and one hundred and twenty days from the last sexual intercourse. She was delivered, after a favorable labor, on the 3d of February, 1859, of a female child weighing eight pounds, whose osseous system was extraordinarily well developed, and whose general appearance (except in respect to size, we presume) was fully that of most infants of three months old. The mother has always sustained an irreproachable character, and five physicians who examined the case are fully satisfied that it was one of protracted gestation, and that the child is legitimate. If so, pregnancy must have continued for *three hundred and thirty days*.

Treatment of Poisoning by Phosphorus.—In France, numerous deaths are annually caused, accidentally and by design, from phosphorus. Although this substance is not often swallowed in this country, yet the facilities for obtaining it are so great, that we commend the following directions, in cases of accidents from phosphorus, to the notice of our readers. They are by MM. Antonelli and Borsarelli, and are taken from the *Journal de Chimie Médicale*.

1. In cases of poisoning by phosphorus, or by substances containing it, it is especially necessary to avoid fatty substances, which, far from opposing the action of phosphorus on the organs, increase its energy, by facilitating its diffusion in the system.

2. The employment of calcined magnesia, suspended in water which has been boiled, and administered in large quantities, is the best antidote, and, at the same time, the most convenient purgative for expediting the elimination of the poison.

3. In cases where there is dysuria, the employment of the acetate of potash is of great service.

4. All the mucilaginous drinks which the patient takes should be prepared with boiled water, that they may contain as little air as possible.

THE *Journal de Chimie Médicale* gives an account of a summary punishment inflicted on a liquor-seller, for a circumstance of which he was most likely wholly ignorant. The bar-keeper was accustomed to collect the drippings from the glasses (the "heel taps," in other words) in a pail, from which they were sold to other customers. A quantity of this liquid being seized, was examined by a chemist, who found that it contained lead (probably absorbed from the counter), and was consequently injurious to the health. The dealer was carried before the police court, and sentenced to fifteen days' imprisonment and a fine of fifty francs. Five copies of this sentence were ordered to be posted, one of them at his own door; the whole at his expense.

Reliable Pharmaceutical Preparations.—We are glad to call the attention of the profession to the subjoined circular. The reputation of Dr. SQUIBB as a chemist and pharmacist is too well known to require from us more than a notice that he is employed in the manufacture of a class of preparations which, while they are of the most common use, are not commonly found to be reliable in quality. The profession may be assured that every article from the laboratory of Dr. Squibb is of the best quality, and fully worth the price. (See advertisement.)

"The subscriber, lately a passed Assistant Surgeon in the U. S. Navy, and for some years Assistant Director of the Naval Laboratory at New York, informs the Medical Profession that he has established a Laboratory at New York, for supplying to the U. S. Army, and such of the Medical and Pharmaceutical Professions as may desire it, a class of Medicinal Preparations that come fully up to the standard of the *National Pharmacopœia*.

"The common belief that much of the uncertainty of medical practice arises from the bad quality of medicinal substances, seems to acquire daily confirmation. Through faulty preparation and commercial competition, many preparations, formerly regarded as of primary importance, are gradually going out of use, while others produce effects, and cause accidents that do not properly belong to them, as described in the *Pharmacopœia*. New remedies, as suggested and offered for trial, are often found so imperfect, and varying so much in chemical character and strength, that they are either condemned, or received on false premises, both equally at variance with the proper progress in therapeutics; whilst most practitioners daily feel that the *materia medica* is not rich enough either to lose its old remedies, or to sacrifice opportunities of acquiring new ones.

"These circumstances, and the frequently expressed desire of medical men and pharmacists, that a class of standard preparations might be made accessible to all, together with his experience in the manufacture of such preparations for the Navy, warrant the subscriber in undertaking to manufacture them as a *professional specialty*, and with more direct reference to the necessities of the profession, and the requirements of the *Pharmacopœia*, than usually obtains in mercantile pursuits; for it is believed that the profession now stands as much in need of such an applied specialty, as it formerly did of those of anatomy, physiology, &c. Several improvements, such as the printing of one or two simple easy tests upon the labels of some of the more important preparations, and in the mode of putting up such as are liable to deteriorate by careless keeping, are addressed particularly to the physician and pharmacist, and can hardly fail of a due appreciation by either.

"*Laboratory, 149 Furman street, Brooklyn.*"

EDWARD R. SQUIBB, M.D.

New Medical College in Chicago.—We have received the "First Annual Announcement of the Medical Department of the Lind University, at Chicago, for the College Session of 1859-60." The first course of lectures will begin on the second Monday in October next, and end on the first Monday in March following.

Medical and Literary Weekly is the title of a new periodical published in Atlanta, Geo., by Drs. V. H. Taliaferro and G. Thomas. The articles are partly medical and partly literary—a combination which we should hardly think likely to be successful.

Medical Appointments.—Dr. AUSTIN FLINT, Jr., Editor of the *Buffalo Medical Journal*, has been appointed to the chair of Physiology and Microscopic Anatomy in the Medical Department of the University of Buffalo, and Dr. SANFORD EASTMAN has been appointed Professor of Anatomy in the same University.

Medical Enterprise and Liberality.—Among the instances of professional devotion and liberality, for which medical men, with all their faults, are certainly to be credited, the late donation made by Dr. JACOB HARSON, of this city, an alumnus of the College of Physicians and Surgeons, is one of the most noticeable. Dr. Harson has appropriated the sum of \$2,500, in stock of the United States Trust Company, for the purpose of providing an annual prize, to be offered to the students of the College of Physicians and Surgeons, for the best report of the clinical instruction in the New York Hospital. The prize will consist, each year, of a gold medal of the value of \$50, and in addition, of a sum of from \$100 to \$150 in money; and the competing Reports are to embrace the results of the clinical instruction in the Hospital during any four months in the year. The award is to be made by a committee of five, consisting of the President and Professors of Surgery, and of Theory and Practice of Medicine in the College, an attending physician, and an attending surgeon of the New York Hospital, to be designated by the Trustees of the College.—*N. Y. Times*.

THE Academy of Medicine held a regular meeting Wednesday evening, May 18th. The main topic was the use of a Quarantine for the port of New York. Dr. HARRIS read an elaborate paper on the subject, concluding with the doctrine that proper nautical and municipal sanitary regulations would some day obviate the necessity of a Quarantine, but that Quarantine, though without its deception, farce and humbug, was necessary until we get the proper sanitary regulations. Drs. GRISCOM and STERLING expressed their views also.—*Ibid.*

Inebriate Asylum in Tennessee.—On the 16th of December last, a meeting was held in Knoxville, Tenn., to adopt measures to establish an "Asylum for Inebriates" in that place, after the plan of that at Binghamton. Rev. Thomas W. Hermes presided, and Dr. R. O. Currey acted as Secretary. Various addresses were made, and at the close it was resolved that the chairman of the meeting, with two others whom he might appoint, constitute a committee to prepare an address to the citizens of Tennessee on this subject; and further, that Jas. H. Cowan, Dr. C. W. Crozier and W. H. Kennedy, be appointed a committee to make arrangements for another meeting, and to give due notice thereof.—*Nashville (Tenn.) Journal of Medicine and Surgery.*

Amputation at the Hip-Joint.—We stated, a few weeks ago, that the operation of amputation at the hip-joint had been performed at the Massachusetts General Hospital, by Dr. WARREN, and that the patient would probably recover. Our readers will find the details of the case in this number. The report is highly interesting, both on account of the rarity of the operation and the success which followed it. We believe it is the first case in this city which terminated favorably.

Diphtheria.—The *Lancet* contains a report "on Diphtheria" by the sanitary commission of that journal. It traces the first origin of this disease to a period long antecedent to Hippocrates, and nearly contemporary with Homer, it being known then as the "Malum Egyptiacum." It refers to similar epidemics in Rome (A.D. 380); in Holland, 1337; in Spain, 1600; in Naples, 1619, when, out of a small population, it carried off 5,000 persons. Diphtheria, it would appear, ravaged New York in 1771 and 1813. The deaths of Washington and the Empress Josephine are attributed to it. From the careful study of the French epidemics since that of Tours, in 1824, diphtheria would appear to have traversed nearly all the departments, passing from the south littoral districts toward the centre. The epidemics which appear most closely to resemble those which have occurred in this country are those of Paris and Boulogne, in 1855. The *Lancet* states that 366 deaths occurred from this cause in the city, 341 of those who were carried off being under 10 years of age, and that the English were the greatest sufferers. Both in England and in France, diphtheria has shown itself regardless of meteorological, climatic, or cosmic influences, and careless of the limitations of heat, cold, dryness and moisture. Its course has been from the south-eastern counties toward the centre of the country, and thence toward the north. Its violence appears to be greatly aggravated by domestic uncleanness, certain predisposing individual conditions, and want of hygienic arrangements. Diphtheria is stated to be eminently contagious; so that the first precaution taken should be the complete isolation of the patient attacked. It is feared that this precaution has been greatly overlooked, and hence, partly, the frequency with which diphtheria has spread from one member of a family to another until all have fallen.

At a meeting of the Board of Managers of the Pennsylvania Hospital, Dr. F. G. Smith was elected one of the physicians to the institution, in place of Dr. Wood, resigned. Dr. Smith is a gentleman of high scientific attainment and good practical abilities. The appointment is a judicious one, and well deserved.

Med. and Surg. Reporter.

Editorial Changes.—Drs. DAVIS and JOHNSON retire from the *Chicago Medical Journal* as editors and proprietors, and Dr. DANIEL BRAINARD is the sole editor.

The Maine Medical and Surgical Reporter will be discontinued after the next number.

Health of the City.—Last week there were but 57 deaths, 4 of which were from casualties. There were 4 deaths from unknown diseases, 5 from "dropsy in the head," 1 from pneumonia, 2 from smallpox and 1 from cholera morbus. The number of those under 5 years of age was 16; between 20 and 40, 16. The total number of deaths for the corresponding week of 1858 was 74, of which 15 were from consumption, 2 from pneumonia, and 8 from "old age."

ERRATUM.—In last week's Journal, page 320, line 2 from top, for "having once entered the larynx," read *having passed beyond the larynx.*

MARRIED.—At Nantucket, 10th inst., John H. Sherman, M.D., of Augusta, Me., to Miss Ellen Chase.

BIRTH.—At West Dedham, 18th inst., Francis Howe, M.D.—At Baltimore, 19th inst., Dr. Wm. A. Briggs, formerly of Boston, 40.

Communications Received.—*The Treatment of Paralysis of Motion.*

Books and Pamphlets Received.—Annual Report of the New York Eye Infirmary.—Transactions of the Medical Society of the State of New York for 1859.—*Hints toward Physical Perfection, or the Philosophy of Human Beauty, &c.* By D. H. Jacques. (From the publishers.)

Deaths in Boston for the week ending Saturday noon, May 21st, 57. Males, 29—Females, 28.—Accident, 1—apoplexy, 1—congestion of the brain, 1—consumption, 16—cholera morbus, 1—croup, 2—dropsy, 5—dropsy in the head, 5—drowned, 3—debility, 1—infantile diseases, 1—puerperal, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 1—menstrus, 1—old age, 2—palsy, 1—peritonitis, 1—scrofula, 1—smallpox, 2—teething, 1—unknown, 4—whooping cough, 2.

Under 5 years, 16—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 11—above 60 years, 6. Born in the United States, 36—Ireland, 20—other places, 1.